

## Consumer Request for Assistance

**ALABAMA DEPARTMENT OF INSURANCE  
LIFE AND HEALTH DIVISION  
P. O. BOX 303351  
MONTGOMERY AL 36130-3351  
(334) 241-4141**

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### PLEASE VISIT OUR CONSUMER ALERT PAGE

Please print this form, complete it, and mail it to the address shown above.

Before you file a request for assistance with the Department of Insurance, you should first contact the insurance company, agent or broker in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form, attach copies of any important correspondence and/or documentation that relates to your request for assistance, and mail to the address shown above.

_____	<b>Work Phone:</b> (       ) _____
<b>Insured or Claimants Name</b>	
_____	<b>Home Phone:</b> (       ) _____
<b>Address</b>	
_____	<b>Date</b> _____
<b>City, State, Zip</b>	

I understand that a copy of this Request for Assistance may be provided to the insurance company, agent, or broker.

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### PLEASE USE A SEPARATE FORM FOR EACH COMPANY.

1. Complete name of insurance company as shown on your insurance policy:

\_\_\_\_\_

2. Circle type of insurance:     Automobile     Life     Homeowner's     Health     Other: \_\_\_\_\_

3. (a) Name of policyholder if different from your name:

\_\_\_\_\_

- (b) If a group policy, provide the group name and group number:

\_\_\_\_\_

4. Policy identification or certificate number: \_\_\_\_\_

5. Claim number (if applicable) \_\_\_\_\_

6. Date loss occurred or began (if applicable) \_\_\_\_\_

7. Agent/broker (if applicable) \_\_\_\_\_

Telephone Number: \_\_\_\_\_



